



Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 10/31/2002 OMB 0451-0045 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/866,033
Filing Date	May 25, 2001
First Named Inventor	Ellen R. BOLTE
Group Art Unit	1653
Examiner Name	Chih-Min KAM
Attorney Pocket Number	46393-0001

TECH. CENTER 600/2900

NOV 21 2002

RECEIVED

I hereby appoint:

☐ Practitioners at Customer Number  OR

☒ Practitioner(s) named below:

Place Customer  
Number Bar Code  
Label here

Name	Registration Number
ROBERT M. SCHWARTZ	29,854
JORDAN NEWMARK	50,904

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Firm or  
Individual Name

Jordan Newmark, Esq.

Address

RUDEN, McCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.

Address

200 EAST BROWARD BOULEVARD - SUITE 1500

City

FORT LAUDERDALE

State

FLORIDA

Zip

33301

Country

USA

Telephone

954-527-6243

Fax

954-527-4243

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

Ellen R. Bolte

Signature

*Ellen R. Bolte*

Date

7-22-02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.